VACCINATIONS

HOW SAFE, AND HOW EFFECTIVE?

These are the facts about vaccines that the medical profession and the drug companies won't tell you.

Part 2

Extracted from chapter 3 of the book
VACCINATION - THE HIDDEN FACTS
by Ian Sinclair

Available through NEXUS Magazine
PO Box 30, Mapleton Qld 4560
Price: $29 (includes postage)

TETANUS VACCINE

In 1960, at the age of 6 years, I was given my first tetanus injection after piercing my leg on a piece of rusted barbed wire. The previous year, the *Medical Journal of Australia* contained a number of letters on Tetanus Prophylaxis written by concerned doctors. Some excerpts from these letters follow:

Dr W. F. Hunter, *Medical Journal of Australia* (18/7/1959):

"Press (1948) also quotes a number of references which testify to what is generally known—that practically any study of the illness reveals many cases in which tetanus antitoxin failed to prevent tetanus; and this author gives an average of figures quoted in the literature showing that 33.4% of cases which had developed tetanus had received prophylactic antiserum (the average in non-military cases was 6.8%). Thus it is seen that antiserum is by no means efficacious in the prevention of tetanus in humans; also, in these cases the patient not only has the risk of contracting tetanus, but has the added risk of the complications of therapy.

"The complications of horse serum injections range from minor local reactions through reactions of gradually increasing severity such as generalised urticaria, arthralgia, signs and symptoms of heart, lung and kidney involvement to neurological complications, some of which are of considerable danger to the patient, with cases of radiculitis, brachial plexus neuritis, polyneuritis, Guillain-Barre syndrome, myelitis and cerebral and meningeal reactions (Miller and Stanton, 1954; Woolling and Rushton, 1950).

"It would seem that if the figures quoted are correct, then a doctor who gives tetanus antitoxin should rather be sued for exposing the patient to unnecessary risk should serious complications of therapy arise. In fact large sums of money have been paid by insurance companies to patients suffering from the complications of serum therapy (Bennett, 1939).

Is it possible that ATS, like typhoid vaccine, has been used for so many years with no real proof of its value?"

Dr K. D. Murray, *Medical Journal of Australia* (31/10/1959):

"I had occasion a few years ago to review a great bulk of literature in the English language, and some selected German translations on the subject.

"No evidence was found by me to suggest that tetanus antiserum had any value as a prophylactic agent against the development of tetanus following accidental trauma to humans. If any persons, or the manufacturers of this dangerous material, have evidence to the contrary, the time is ripe to present that evidence for evaluation.

"In the absence of such evidence, tetanus antitoxin should be classed as both dangerous and useless, and its continued manufacture and prescribing as a Pharmaceutical Benefit for the purpose of prophylaxis against tetanus in humans, a waste of public money."

Dr Taylor, *Medical Journal of Australia* (18/4/1959):

"When presented with a break in the skin, recent or old, superficial or penetrating (including impetigo, otitis media, whitlow, etc.) the risk of tetanus infection is explained to the patient—that he has approximately a one-in-250,000 chance of contracting the disease from his existing lesion (11 cases per annum in Victoria—population 2,700,000—assuming each person contracts one potentially tetanic lesion per year). If tetanus is contracted he would have a 40% to 60% chance of recovery. Now if an ATS injection is given, he has a one-in-50,000 to 200,000 chance of dying of anaphylactic shock. He has a three-in-100 chance of developing moderately severe urticaria. After this explanation, the patient usually has second thoughts about receiving an injection of ATS."

I wish I knew all that when I was six years old!

The incidence of tetanus is now extremely rare. In the UK, a mere 20-30 cases are recorded annually, and in the USA the incidence is about double. According to the *Medical Journal of Australia* (23/9/1978): *"The decline of tetanus as a disease began before the introduction of tetanus toxoid to the general population."* The reasons for this decline are the same as for the decline in all the other infectious diseases: improved hygiene and sanitation, better nutrition, healthier living conditions, etc.

It is interesting to note that the *British Medical Journal*, August 1964, carried a statement by Dr H. K. Bourns which reads:

"Thorough wound toilet is the only treatment for a wound and when it is carried out correctly, antibiotics are not necessary unless either the circumstances under which the wound was obtained, or the general condition of the patient, make the development of infection either likely or unlikely. Thorough wound toilet makes the use of either tetanus antitoxin or prophylactic antibiotics unnecessary."

In Germany, compulsory mass immunisation commenced in 1940, and by 1945 diphtheria cases were up from 40,000 cases to 250,000.

HEPATITIS B VACCINE

According to the *New England Journal of Medicine* (9/11/1989, p.1333), in the USA the first commercial vaccine became available in 1982. Yet the incidence of acute hepatitis B in the USA increased from 55 per 100,000 in 1981 to 63 per 100,000 in 1987—hardly convincing evidence of its efficacy.

Consultant paediatrician, Dr S. Hartman (*Journal of Paediatric Child Health*, 1990, 26, 65) had this to say on the hepatitis B vaccine:

"There have been some side-effects reported following hepatitis B vaccinations. There is a report of a patient with pruritus, dyspnoea, urticaria and infraorbital oedema. There have also been reported six serious illnesses in a series of 200,000 hepatitis B vaccinations, including erythema multiforma, aseptic meningitis, grand mal seizure, a possible transverse myelitis and 2 cases of Guillain-Barre syndrome, as well as 56 minor illnesses considered likely to be due to the vaccine. These minor illnesses include neurological (tremors, recurrent Bell's palsy), skin (hives, herpes zoster, psoriasis), musculoskeletal (generalised myalgia, arthralgia and joint inflammation), hepatitis-like illness, influenza-like syndrome, injection-site reaction, diarrhoea, vomiting and headaches.

"Until further evidence can be gathered on possible side-effects or complications from the hepatitis B vaccine, it may be worth considering only giving the vaccination to people at high risk, rather than to all the population."

DIPTHERIA AND SMALLPOX

Although diphtheria is now extremely rare, and smallpox has virtually disappeared from the globe, the disastrous history of their respective vaccine campaigns provides dramatic and conclusive evidence as to the dangers and ineffectiveness of widespread vaccination.

DIPTHERIA VACCINE

In England and Wales in the 15 years following the introduction of diphtheria antitoxin (1894), the number of deaths from diphtheria was 20% greater than it had been for the 15 years prior to antitoxin treatment. What's more, between the years 1895 and 1907 there were 63,249 cases of diphtheria treated with antitoxin, of which 8,917 died, giving a fatality rate of 14.09%. Yet in those same years, of the 11,716 cases 'not' treated with antitoxin, only 703 died, giving a fatality rate of 6%.

On 1 January 1926 in the USA, the American Medical Association started a drive to abolish diphtheria by 1930 with the use of antitoxin, the same serum that Austria and other European countries banned over 20 years earlier. Yet by 1930, in those states that pushed antitoxin the hardest, there was an increase in the death rate. Detroit, one of the most inoculated states in the USA, recorded the highest death rate.

In France, the incidence of diphtheria rose steadily from 1924-1930 despite it being the most inoculated country in Europe.

A Royal Commission into childhood fatalities in Bundaberg, Australia, 1928, reports that of 21 children who received the diphtheria toxin antitoxin, 18 became ill and subsequently 12 died.

In his book, *Hygienic Care of Children*, Shelton says:

"Antitoxin does not remedy the disease and toxin-antitoxin does not prevent it. Both these foreign proteins are responsible for many deaths in both the well and the sick and for much other injury short of death."

In 1935 Dr C. K. Millard, Medical Officer of Health for Leicester, England, made a report on "Inoculation against Diphtheria" to the health committee of the city council, in which he advised against "any action...encouraging inoculation of the general public". Dr Millard believed that inoculation was responsible for the increased death rate.

In the UK, over 30,000 cases of diphtheria have been recorded in fully immunised children. In Scotland during the four years 1941-1944, the Ministry of Health admitted that over 23,000 cases of diphtheria occurred in vaccinated children with over 180 proving fatal. In Germany, compulsory mass immunisation commenced in 1940, and by 1945 diphtheria cases were up from 40,000 cases to 250,000. In Hungary, where immunisation had been compulsory since 1938, there was a 35% increase in the number of diphtheria cases. In Geneva, where compulsory vaccination had been in force since 1933, the number of cases trebled from 1941 to 1943.

(Information on diphtheria vaccine extracted from *Pasteur: Plagiarist or Impostor?*, by R. B. Pearson.)

SMALLPOX VACCINE

In England, compulsory vaccination against smallpox was first introduced in 1852, yet in the period 1857-1859, a smallpox epidemic killed 14,244 people. In 1863-1865, a second epidemic claimed 20,059 lives. In 1867, a more stringent compulsory vaccination law was passed and those who evaded vaccination were prosecuted. After an intensive four-year effort to vaccinate the entire population between the ages of 2 to 50, the Chief Medical Officer of England announced in May 1871 that 97.5% had been vaccinated. In the following year, 1872, England experienced its worst-ever smallpox epidemic which claimed 44,840 lives. Between 1871-1880, during the period of compulsory vaccination, the death rate from smallpox leapt from 28 to 46 per 100,000 population.

Writing in the *British Medical Journal* (21/1/1928, p.116), Dr L. Parry questions the vaccination statistics which revealed a higher death rate amongst the vaccinated than the unvaccinated, and asks:

"How is it that smallpox is five times as likely to be fatal in the vaccinated as in the unvaccinated?

"How is it that in some of our best vaccinated towns—for example, Bombay and Calcutta—smallpox is rife, whilst in some of our worst vaccinated towns, such as Leicester, it is almost unknown?

"How is it that something like 80 per cent of the cases admitted into the Metropolitan Asylums Board smallpox hospitals have been vaccinated, whilst only 20 per cent have not been vaccinated?

"How is it that in Germany, the best vaccinated country in the world, there are more deaths in proportion to the population than in England—for example, in 1919, 28 deaths in England, 707 in Germany; in 1920, 30 deaths in England, 354 in Germany. In Germany in 1919 there were 5,012 cases of smallpox with 707 deaths; in England in 1925 there were 5,363 cases of smallpox with 6 deaths. What is the explanation?"

In Scotland, between 1855-1875, over 9,000 children under 5 died of smallpox despite Scotland being, at that time, one of the most vaccinated countries in the world. In 1907-1919 with only a third of the children vaccinated, only 7 smallpox deaths were recorded for children under 5 years of age.

In Germany, in the years 1870-1871, over 1,000,000 people had smallpox, of which 120,000 died. Ninety-six per cent of these had been vaccinated. An address sent to the governments of the various German states from Bismarck, the Chancellor of Germany, contained the following comments:

"...the hopes placed in the efficacy of the cowpox virus as preventative of smallpox have proved entirely deceptive."

How is it that smallpox is five times as likely to be fatal in the vaccinated as in the unvaccinated?

Dr L. Parry, *British Medical Journal*, 1928

In The Philippines, prior to US takeover in 1905, case mortality from smallpox was about 10%. In 1905, following the commencement of systematic vaccination enforced by the US government, an epidemic occurred where the case mortality ranged from 25% to 50% in different parts of the islands. In 1918-1919 with over 95% of the population vaccinated, the worst epidemic in The Philippines' history occurred, resulting in a case mortality of 65%. The highest percentage occurred in the capital Manila, the most thoroughly vaccinated place. The lowest percentage occurred in Mindanao, the least vaccinated place owing to religious prejudices. Dr V. de Jesus, Director of Health, stated that the 1918-1919 smallpox epidemic resulted in 60,855 deaths. The 1920 Report of The Philippines Health Service contains the following comments:

"From the time in which smallpox was practically eradicated in the city of Manila to the year 1918 (about 9 years) in which the epidemic appears certainly in one of its severest forms, hundreds after hundreds of thousands of people were yearly vaccinated, with the most unfortunate result that the 1918 epidemic looks prima facie as a flagrant failure of the classic immunisation towards future epidemics."

In Japan, 1885, 13 years after compulsory vaccination commenced in 1872, a law was passed requiring revaccination every seven years. From 1886 to 1892, 25,474,370 revaccinations were recorded in Japan. Yet during this same period Japan had 156,175 cases of smallpox with 38,979 deaths representing a case mortality of nearly 25%. In 1896, Japanese parliament passed another act requiring every Japanese resident to be vaccinated and revaccinated every 5 years. Between 1889 and 1908, there were 171,611 smallpox cases with 47,919 deaths, a case mortality of 30%. This case mortality exceeds the smallpox death-rate of the pre-vaccination period when nobody was vaccinated. It is noteworthy that Australia, one of the least-vaccinated countries in the world for smallpox, had only three smallpox cases in 15 years, in comparison with Japan's record of 165,775 cases and 28,979 deaths in only 6 years of compulsory vaccination and revaccination.

In an article, "Vaccination in Italy", which appeared in the *New York Medical Journal*, July 1899, Chas Rauta, Professor of Hygiene and Material Medical in the University of Perugia, Italy, points out:

"Italy is one of the best vaccinated countries in the world, if not the best of all,...for twenty years before 1885, our nation was vaccinated in the proportion of 98.5%. Notwithstanding, the epidemics of smallpox that we have had have been something so frightful that nothing before the invention of vaccination could equal them. During 1887, we had 16,249 deaths from smallpox; in 1888, 18,110, and 1889, 13,413."

Professor Rauta has stated:

"Vaccination is a monstrosity, a misbegotten offspring of error and ignorance; it should have no place in either hygiene or medicine... Believe not in vaccination: it is a worldwide delusion, an unscientific practice, a fatal superstition with consequences measured today by tears and sorrow without end."

From his book, *The Vaccination Superstition*, Dr J. W. Hodge writes:

"After a careful consideration of the history of vaccination gleaned from an impartial and comprehensive study of vital statistics, and pertinent data from every reliable source, and after an experience derived from having vaccinated 3,000 subjects, I am firmly convinced that vaccination cannot be shown to have any logical relation to the diminution of cases of smallpox...

"Vaccination does not protect, it actually renders its subjects more susceptible by depressing vital power and diminishing natural resistance, and millions of people have died of smallpox which they contracted after being vaccinated."

In the USA, 25 June 1937, Dr William Howard Hay addressed the Medical Freedom Society on the Lemke Bill to abolish compulsory vaccination. He stated:

"I have thought many times of all the insane things we have advocated in medicine, that is one of the most insane—to insist on the vaccination of children, or anybody else, for the prevention of smallpox, when, as a matter of fact, we are never able to prove that vaccination saved one man from smallpox...

"I know of one epidemic of smallpox comprising nine hundred and some cases, in which 95 per cent of the infected had been vaccinated, and most of them recently...

"It is now thirty years since I have been confining myself to the treatment of chronic disease... I have run across so many histories of children who had never seen a sick day until they were

vaccinated and who...have never seen a well day since...

"In England, where statistics are kept a little more frankly and accurately and above board...than in this country, the actual official records show 3 times as many deaths directly from vaccinations as from smallpox for the past twenty-one years... I will guarantee you that there are 3 times as many deaths that were not recorded, that are directly traceable to vaccinations. That doesn't take into account the many, many cases of encephalitis or sleeping sickness, and of this or that form of degeneration, that occurs as the result of vaccination...

"It is nonsense to think that you can inject pus—and it is usually from the pustule end of the dead smallpox victim—it is unthinkable that you can inject that into a little child and in any way improve its health. What is true of vaccination is exactly as true of all forms of serum immunisation, so-called...if we could by any means build up a natural resistance to disease through these artificial means, I would applaud it to the echo, but we can't do it...

"The body has its own methods of defence. These depend on the vitality of the body at the time. If it is vital enough, it will resist all infections; if it isn't vital enough, it won't, and you can't change the vitality of the body for the better by introducing poison of any kind into it."

According to the official figures of the Register General of England, only 109 children (under 5) in England and Wales died of smallpox in the twenty-three years ending December 1933, but 270 died of vaccinations in the same period in these two countries. Between 1934 and 1961, not one smallpox death was recorded, and yet during this same period 115 children under 5 years of age died as a result of the smallpox vaccination. This ultimately forced the government to repeal the Vaccination Act for smallpox.

The situation was just as bad in the USA. An article in the July 1969 issue of *Prevention* magazine stated that 300 children in the USA died from the complications of smallpox vaccine since 1948. Yet during that same period there was not one reported case of smallpox in the country. In October 1971, Dr Samuel Katz, Duke University Medical Center, speaking at the annual meeting of the American Academy of Pediatrics, said that an average of six to nine individuals die each year from smallpox vaccinations. Authorities eventually abandoned the vaccine as Dr Archie Kalokerinos points out:

"About 10-15 years ago some of my colleagues in the United States gave me some very interesting information. They said that smallpox vaccination had been stopped, not because smallpox had been wiped out, but because they were having trouble with the vaccine. They would vaccinate an individual and that individual would give active smallpox to a contact. The whole thing was out of control and they weren't game to use it."

This is probably why Professor Ari Zuckerman, a member of the World Health Organisation's advisory panel on viruses, has stated, *"Immunisation against smallpox is more hazardous that the disease itself."* Even the *British Medical Journal* (1/5/1976) states: *"It is now accepted that the risks of routine smallpox vaccination outweigh those of natural infection in Britain."*

On 11 May 1987, the London *Times* ran a front-page story, headlined, "SMALLPOX VACCINE TRIGGERED AIDS VIRUS". The gist of the story was that, somehow, the World Health Organisation (WHO), in its efforts to eradicate smallpox in the third world, had triggered millions of AIDS cases in Africa, Haiti, and Brazil. A WHO adviser said:

"I thought it was just a coincidence until we studied the latest findings about the reactions which can be caused by vaccinia. Now I believe the smallpox vaccine theory is the explanation to the AIDS explosion."

Health statistics from WHO reveal that the greatest spread of HIV (AIDS virus) infection coincides with the areas having the most intensive vaccination programmes. It has been speculated that smallpox vaccine given to millions throughout Africa, Haiti and Brazil has the potential to weaken the immune system of susceptible individuals. This can result in the dormant AIDS viruses present in such people to become activated and assume virulent powers. Dr Robert Gallo, America's number one AIDS researcher, has stated:

"I have been saying for some years that the use of live vaccines such as that used from smallpox can activate a dormant infection such as HIV (AIDS)."

"Oral polio vaccine often gives disappointingly poor immunity and protection in tropical countries..."

The Lancet (8/12/1984)

VACCINE FAILURES IN THIRD WORLD COUNTRIES

If there is one way to determine whether vaccines work or not, that is to vaccinate those most susceptible to disease, i.e., third world countries, and then examine the results. As the following will show, vaccine campaigns in third world countries have failed to protect.

In the *Journal for the Doctors' Reform Society*, December 1982, Dr Julie Clift, referring to measles in Mozambique, reports:

"Devastating measles epidemics with high case fatalities still occur frequently despite the implementation of the expanded programme on immunisation."

According to *The Lancet* (31/3/1990, p.774):

"The measles campaigns in West Africa had shown clearly that, although the disease could be controlled in the short term by mass campaigns, the gains were not sustained and a continuous service was necessary.

"Poliomyelitis vaccine has been the most disappointing of the vaccines originally included in EPI... Injectable polio vaccine gives equally good seroconversion rates in the developed and developing world but it still failed to provide complete protection during a recent epidemic in Senegal."

An article on polio in *The Lancet* (8/12/1984) states:

"Oral polio vaccine often gives disappointingly poor immunity and protection in tropical countries..."

The value of the BCG (tuberculosis) vaccine is highly questionable. *The Lancet* (12/1/1980), reporting on the failure of the vaccine in India, says:

"...the effectiveness of BCG vaccination against tuberculosis remains, for most populations and for most areas of the world, unpredictable... Despite three major trials in Puerto Rico and India, BCG has yet to prove its worth in those areas of the world where tuberculosis control is most needed, the developing countries."

VACCINATION AND PROVOCATION DISEASE

Probably one of the most hazardous and insidious effects of vaccination lies in its potential to provoke other forms of disease. This phenomenon, known as 'provocation disease', has been reported in many journals and books authored by medical doctors.

The causal relationships between cases of paralytic polio and diphtheria/pertussis vaccines in the late 1940s and early 1950s have been well documented. In April 1950 both *The Lancet* and *The Medical Officer* reported that infantile paralysis had followed inoculation with diphtheria toxoid, whooping cough vaccine and the combined diphtheria whooping cough vaccine.

Their report revealed that there was a definite connection between vaccination and the paralysis that occurred within a month of the inoculation. In 1950 Dr Bertram McCloskey, working in Melbourne, investigated the vaccination history of 340 cases of poliomyelitis that occurred during the 1949 epidemic in Victoria. Dr McCloskey found that of the 340 cases, 31 had received an injection of diphtheria toxoid or pertussis vaccine, alone or in combination, within three months of the onset of their symptoms. McCloskey subsequently discovered 23 similar cases occurring from 3 to 12 months after vaccination, and 121 cases occurring more than a year after vaccination.

In the *BMJ* (1/7/1950, p.4669) Doctors Hill and Knowelden report of a statistical investigation into polio cases in 1949 in the UK and their relationship to pertussis and diphtheria vaccinations. They write:

"Whichever way we choose to set out the statistics collected in this inquiry, they reveal clearly an association between recent injections and paralysis... We must conclude, therefore, that in the 1949 epidemic of poliomyelitis in this country, cases of paralysis were occurring which were associated with inoculation procedures carried out within the month preceding the recorded date of onset of the illness."

The Lancet (15/12/1956) contains an article titled, "Poliomyelitis and Prophylactic Inoculation Against Diphtheria, Whooping Cough and Smallpox". It states:

"In 1951-53 perhaps 170 of the 1308 paralytic cases in England and Wales in children between 6 months and 2 years of age were causally related to the injection of diphtheria or pertussis prophylactics."

This article also states that out of 355 paralytic cases that had a history of vaccination against diphtheria, whooping cough and smallpox, 132 had developed paralysis 1-28 days after vaccinations. The report acknowledged that these figures could well be an underestimate.

A major vaccine tragedy occurred in Naples, Italy, in July 1978. A number of children were vaccinated with diphtheria tetanus toxoid and within 24 hours were admitted to hospital. Five of these children died and 59 additional deaths occurred between October 1978 and February 1979. Reported in the book *Infectious Diseases* (WHO), it states: "In spite of all the efforts of the Italian authorities and a team of international experts, this outbreak, eventually suspected to be caused by vaccination associated with simultaneous respiratory syncytial virus infection, remained unexplained."

The mechanism by which vaccination provokes other diseases is not clearly known, but it is thought by many doctors that if a latent virus or incubating illness already exists within a person, then vaccination can be enough to trigger into activity that particular illness. Vaccination may therefore not always be the sole cause, but there can be little doubt that it is often the final 'trigger' for such illness. Unfortunately, as Leon Chaitow points out in his book, *Vaccinations and Immunizations*, *"There is no way of knowing when such latent or incubating situations may be operating, and therefore no way of knowing when a vaccination may produce this sort of provocation."* As we have already seen, many diseases thought to be caused by vaccination do not surface until at least 10 years after the vaccination, by which time it is difficult to prove the connection. *Modern Medicine of Australia* (1/7/1974, p.60) contains an article, "Severe Complications of Measles Vaccination", in which it states:

"Subacute sclerosing panencephalitis, a rare complication of measles, has also been reported to occur months or years after vaccination with live virus measles vaccine. It is a progressive crippling infection of the central nervous system.

"Subacute sclerosing panencephalitis occurred in one child two years after vaccination with live measles virus and, in another, eight-and-a-half years after an attack of measles. Both exhibited delayed hypersensitive reaction to killed measles virus."

"We are ourselves creating the diseases, and we are heading toward general cancerization and mental defectives through encephalitis, by the use of vaccines."

Professor Leon Grigorski

As Leon Chaitow warns:

"Provocation of latent viruses is seen to be a potentially dangerous eventuality of all and every vaccination procedure."

The following quotes appeared in an article, "Inoculations: Friend or Foe?", *Health Science*, July/August 1983.

Professor L. C. Vincent, Founder of *Bioelectronics*, has said:

"All vaccination has the effect of directing the three values of the blood into or toward the zone characteristics of cancer and leukemia... Vaccines DO predispose to cancer and leukemia."

Professor Leon Grigorski, Athenian Faculty of Medicine, stated:

"We are ourselves creating the diseases, and we are heading toward general cancerization and mental defectives through encephalitis, by the use of vaccines."

Dr Supperat, Chief Doctor at St Louis Hospital, USA, has said concerning diphtheria and smallpox vaccines:

"It provokes an explosion of leukemia."

Doctors Kalokerinos and Dettman (*Australasian Nurses Journal*, June 1981) point out:

"A careful study of the decline in disease will show that up to 90% of the so-called 'killer diseases' had all but disappeared when we introduced immunisations on a large scale during the late thirties and early forties. Since the introduction of routine immunisations we now have an ever alarming increase of degenerative diseases and maladies, but, worse still, the diseases we are supposed to be protected from still occur, probably in larger numbers than we might have expected them to, had we simply allowed the declining disease rate to continue."

VACCINE LINK TO DISEASES IN CHILDREN

Many doctors have linked vaccines with the increasing incidence of chronic and acute disease amongst children, including arthritis, juvenile diabetes, multiple sclerosis, allergies, eczema, Reye's syndrome, cancer and many others.

In 1979 at the Fourth International Symposium on Pertussis (whooping cough) in Maryland, USA, evidence was presented which showed that pertussis vaccine could lead to disorders of insulin metabolism. Could this have anything to do with the rising incidence of juvenile diabetes and hypoglycaemia, both conditions involving insulin disorder?

In both Europe and the USA, many physicians have observed that allergic and immunologic disorders in children are rapidly increasing. The May 1983 edition of *Modern Medicine* contained a review of an international allergy meeting in London, which stated:

> "There is little doubt that the incidence of allergic disorders has increased in recent years."

The *British Medical Journal* (September 1983) describes a survey which showed that of the 13,500 children born in a single week in 1970, over 12% developed a topic eczema by the time they were 5 years old. This was twice the number reported in a similar survey 12 years earlier. As one prominent paediatrician has commented:

> "There may be a relationship between immunisation as a stress and the onset of some of the devastating array of symptoms I am seeing all the time in younger and younger children."

The cancer-producing effect of vaccinations has been well demonstrated in many animal studies; whether the same risk applies to humans is subject to debate. Yet as Dr Carlton Fredericks, renowned American nutritionist, says, "For children, at least, this possible risk certainly outweighs any preventative benefit."

Dr Archie Kalokerinos, who worked among Aborigines during the 1960s and 1970s, attributed the increased death rate of Aboriginal infants to the expanded immunisation programme.

RISKS TO IMMUNE SYSTEM

One of the most serious consequences of routine vaccination is the potential risk to a child's immune system. In their book, *Vaccinations and Immune Malfunctions*, Doctors Buttram and Hoffman warned of "the probability of widespread and unrecognised vaccine-induced immune system malfunction and the need for scientific investigation of these effects." They identified "the lowering of the body's resistance resulting from vaccinations. Since this effect is often delayed, indirect and masked, its true nature is seldom recognised." As reviewed in their book, a partial list of vaccine-related diseases and/or immunologic disorders reported in the medical literature include brain damage from vaccine-induced encephalitis, SIDS, Guillain-Barre syndrome, lupus erythematosis, multiple sclerosis, arthritis (following rubella vaccine) and allergic disorders. Buttram and Hoffman state:

> "It is possible that many of the nervous, mental, behavioural and sociological problems occurring today among the younger generation in America may represent a counterpart of the malnutrition-immunization interaction observed by Dettman and Kalokerinos among the Australian Aborigines."

Dr Archie Kalokerinos, who worked among Aborigines during the 1960s and 1970s, attributed the increased death rate of Aboriginal infants to the expanded immunisation programme. He postulated that malnourished infants had a weakened immune system, and that the injection of vaccine only worsened the situation, resulting in many deaths. Dr Kalokerinos, speaking at the Natural Health Convention, Stanwell Tops, NSW, on Sunday 24 May 1987, stated:

> "My original introduction to the problems of vaccination was in the field of Aboriginal health. At the time, we had one of the highest infant mortality rates in the world, higher than in rural India. In some Aboriginal communities, every second baby was doomed to die in infancy, but the medical authorities didn't seem to have an answer to this.
>
> "On the invitation of the then Minister for the Interior, I went to the Northern Territory to investigate and found that the infant death rate had doubled in one year, and looked as if it was going to double again. I couldn't explain it. Things hadn't changed, the seasons hadn't changed, everything seemed to be basically the same. So I went to America to discuss the problem there with colleagues, but no one seemed to have an explanation.
>
> "Back in Australia, I sifted through the various factors that I knew could make a child sick. One factor was that under certain circumstances, routine immunisation could do harm. I remembered that the Minister had said to me: 'Amongst other things that we have done, we have stepped up the immunisation campaign.' I said to myself, 'Eureka, that is it, that's what has happened!' Next day I caught a plane back to the Northern Territory, but in Alice Springs it was just a waste of time. My colleagues didn't want to hear about my ideas, yet I saw doctors and health workers chasing Aboriginal mothers with babies through the scrub on foot and in Land Rovers, and forcefully taking the babies and vaccinating them against their mothers' wills. Many of the Aboriginal mothers, when they saw the health team coming, would grab their babies and flee into the scrub. Mainly because they could count. They knew what would happen every time the doctors came around with their needles. But the doctors forgot to note the children that died after routine immunisation. They put it down to gastro-enteritis or pneumonia, and made no association whatsoever with immunisation. And half of the deaths they never heard about, because the babies were buried in the scrub anyway. Also, their methods of keeping statistics were not very good.
>
> "The reception I got was extremely hostile, but in typical Kalokerinos style, when I got a hostile reception I looked into it further, and the more I looked into it the more horrified I became. I realised that a great deal of harm was being done, not just in Australia but throughout the world by faulty immunisation campaigns."

Further comments by Dr Kalokerinos on the deaths of these Aboriginal infants after immunisation come from his book, *Every Second Child*:

> "If some babies and infants survived, they would be lined up again within a month for another immunisation. If some managed to survive even this, they would be lined up again. Then there would be booster shots, shots for measles, polio and even TB. Little wonder they died; the wonder is that any survived...
>
> "The excitement of this realisation is difficult to describe. On

Continued on page 64

Continued from page 27

one hand I was enthralled by the simplicity of it all, the 'beautiful' way by which the pattern fitted everything I had been doing. On the other hand, I almost shook in horror at the thought of what had been, and still was going on. We were actually killing infants through our lack of understanding."

In an article entitled "Immunisation Can Harm, Says Professor", published in *The Age* newspaper (4/12/1975), Professor Ronald Penny warned that children with deficient immune systems could be harmed or even killed by routine immunisation. Professor Penny believed that immunisation in such children could result in harmful side-effects and even the disease which was being immunised against. According to Professor Penny, measles, polio, rubella and vaccinia vaccines were the most dangerous because they were live and stronger than other vaccines.

DOCTORS NOT VACCINATING THEMSELVES OR THEIR FAMILIES

Now if vaccines are as safe and effective as medical science would have us believe, would you not think that the doctors themselves would be the first to line up for their shots? After all, doctors are exposed to infected patients every day, in their clinics, surgery, outpatients, etc. In fact, doctors belong to the 'high risk' category urged to accept vaccination because of their continued exposure to infectious diseases. Yet, it is a well known fact that many doctors 'refuse' to vaccinate themselves or their families.

The *Journal of the American Medical Association* contains an article, "Rubella Vaccine and Susceptible Hospital Employees: Poor Physician Participation". It reports that the lowest vaccination rate for the German measles vaccine occurred among obstetrician gynaecologists, with the next lowest rate occurring amongst paediatricians. The authors concluded that "fear of unforeseen vaccine reactions" was the main reason for the low uptake rate of physicians.

Dr Mendelsohn reports of a Los Angeles physician who refused to vaccinate his own 7-month-old baby. According to Dr Mendelsohn, this physician stated: *"I'm worried about what happens when the vaccine virus may not only offer little protection against measles but may also stay around in the body, working in a way we don't know much about."* Yet, this doctor was still vaccinating his own patients and justified these actions with the comment that *"as a parent I have the luxury of making a choice for my child. As a physician, legally and professionally I have to accept the recommendations of the profession, which is what we also had to do with the whole Swine Flu business."*

The *British Medical Journal* (27/1/1990) contains an article, "Attitudes of General Practitioners Towards Their Vaccination Against Hepatitis B". Of 598 doctors questioned about hepatitis B vaccination, 528 (86%) believed that all general practitioners should be vaccinated against hepatitis B. Yet 309 of these practitioners had not been vaccinated themselves! The article states: *"Of the 309 respondents who had not been vaccinated, 249 chose the reason, 'I just haven't got around to it...' This suggests either that the doctors do not really believe they need the vaccination or that they experience difficulty in taking up this preventative health measure."* (It is worth noting that

for seven of the 309 doctors not vaccinated, 3 chose the reason, 'I do not trust the vaccine', and the other four chose the reason, 'Vaccination is of no proven benefit'.)

In an article on hepatitis B vaccines and surgeons (*BMJ* 21/7/1990), it states: *"Infection with hepatitis B virus is a serious hazard for all health workers. Surgeons are particularly at risk with potentially devastating consequences to their well-being and a major threat to their livelihood if they become carriers."* Now either surgeons do not take this threat seriously or realise that vaccinations do not offer protection, for the article goes on to say: *"Despite good evidence of an increased risk of infection, a high proportion of surgeons in this study had 'not' been immunised... Clearly, there is a failure by all surgeons to protect themselves and to insist that junior staff are protected."* Dr Robert Mendelsohn has stated that: *"Up to two-thirds of medical personnel who are considered to be at risk of developing this serious disease have refused this vaccine, even when it is offered without charge."*

When Professor Gordon Stewart of the UK began uncovering cases of brain damage amongst children previously inoculated with the whooping cough vaccine, many doctors became fearful of the potential dangers of this vaccine. Expressing his doubts over the safety of this vaccine, Dr P. M. Jeavons (*The Lancet*, 25/10/1975, p.811) suggested:

> "Why not separate pertussis from the triple vaccine and make the use optional for those who, like myself, would never permit their own children to receive pertussis immunisation...?"

It would seem that there are many doctors who are in agreeance with the words of Dr James A. Shannon:

> "The only wholly safe vaccine is a vaccine that is never used."

The question was asked: "Vaccines—How Safe and Effective?" The answer must surely be apparent. If what you have read in this chapter disturbs you, then bear one thing in mind: it represents merely the tip of the iceberg! ∞